

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>203216</u>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3	1		1		1		53						
4		1		1		1	54						
5							55						
7	1		1		1	1	56						
8		1		1		1	57						
9	1		1		1		58						
10	1		1		1		59						
11		4		4		4	60						
12	1		1		1		61						
13		1		1		1	62						
14	1		1		1		63						
15		1		1		1	64						
16	1		1		1		65						
17	1		1		1		66						
18		4		4		4	67						
19	1		1		1		68						
20		1		1		1	69						
21	1		1		1		70						
22	1		1		1		71						
23		4		4		4	72						
24	1		1		1		73						
25							74						
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43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	14		14		13		TOTAL IND.						
TOTAL DEP.	19		19		18		TOTAL DEP.						
TOTAL CLAIMS	33		33		31		TOTAL CLAIMS						